

ARMY SERVICE FORCES, OFFICE OF DEPENDENCY BENEFITS, NEWARK 2, NEW JERSEY
FAMILY ALLOWANCE (SERVICEMEN'S DEPENDENTS ALLOWANCE ACT OF 1942, AS AMENDED)

TO THE DEPENDENT--THIS IS YOUR COPY
AND SHOULD BE RETAINED BY YOU.

APPLICATION No.

X- 4 078 040

NEW AUTHORIZATION

FINAL DISCONTINUANCE

RE-AUTHORIZATION (CHANGE)
* IF "X" IN BOX, SEE NOTE BELOW



Soldier's Last Name DIXON	First KELLEY	Middle E	Army Serial Number 35 076 815	Grade	Race
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DISCONTINUE OR CHANGE	Last Day of ICD APR 44		Reason: CHILDREN ADDED
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NAME AND ADDRESS OF PAYEE

1. **MARGARET ELIZABETH DIXON** **A**

2.

3.

IMPORTANT—Hereon is shown the action taken by the Office of Dependency Benefits on the family allowance of the soldier named. Payments are mailed shortly after the end of the month in which the allowance accrues.

AUTHORIZE	Accruing From First Day Of: APR 44	Date Issued: 3 JUN 44
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	NAME	Relationship	Birthdate of Minors	Termination Date	Maximum Amount
1.	DIXON, MARGARET ELIZABETH	W			
2.	DIXON, TEDDY EUGENE	C			
3.	DIXON, RONALD BOYD	C			
4.					
5.					
6.					
7.					
8.					
9.					
10.					

NOTE: (*) Re-authorization
An 'X' marked in the re-authorization box indicates the regular monthly family allowance may be increased or decreased in accordance with the change in the soldier's family as reported to this office. In order to avoid interruption of regular monthly payments, this office has established a procedure whereby a change in amount of payment is usually accomplished over a period of several months. Therefore, if your next monthly check is in the same amount as the last one, the difference will be adjusted in the following payment, and thereafter checks will be in the newly authorized monthly amount.

	Class	Covering Line Nos.	Amount Payable	1st Payment Through
MARGARET ELIZABETH DIXON BOX 229 WATSBURY 2 VA	A	1		
PAYEE II BARBARA ELLEN DIXON ^{Mail To V} ELKHORN WEST VIRGINIA	A	2 3		



70TH INF DIV
CAMP ADAMS ORIGIN

BY AUTHORITY OF THE SECRETARY OF WAR:

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